Barriers for Uptaking The Pap Smear among Nurse – Midwives in Baghdad City Hospitals

معوقات عمل لطاخة بابانيكولاو بين الممرضات - القابلات في مستشفيات مدينة بغداد

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الخلاصة :
خلفية البحث : سرطان عنق الرحم واحد من الأسباب الرئيسية للمراضة والوفيات بين السرطانات النسائية في جميع أنحاء العالم، وسرطان عنق الرحم من المحتمل الوقاية منه، ويمكن لبرامج الفحص فعالة أن تؤدي إلى انخفاض كبير في معدلات الاعتلال والوفيات المرتبطة بهذا السرطان
الهدف : تهدف الدراسة إلى تقييم المعوقات المتعلقة بعدم إجراء لطاخة بابانيكولاو بين الممرضات – القابلات وتحديد العلاقة بين المعوقات في عدم إجراء اللطاخة والصفات الديموغرافية والإنجابية في مستشفيات مدينة بغداد.
المنهجية: دراسة وصفية أجريت للفترة من 1 تموز ولغاية 30 كانون الأول 2013 من خلال اخذ عينة غرضية غير احتمالية متكونة من (170) ممرضة – قابلة تم اختيارهن من (9) مستشفيات في مدينة بغداد. جمعت البيانات بواسطة الباحث عن طريق المقابلة الممرضات القابلات وملئ الاستمارة الاستبيانية المعدة لغرض الدراسة والمتكونة من جزئين رئيسيين :الجزء الأول يتضمن : المتغيرات الديموغرافية ،الإنجابية، الأمراض النسائية التاريخ السابق لفحص لطاخة بابانيكولاو، الجزء الثاني يتضمن: معوقات عمل لطاخة بابانيكولاو. تم تحديد صدق محتوى الاستبانة من خلال عرض الاستمارة على الخبراء في مجال الاختصاص بينما حدد ثبات الاستبانة عن طريق حساب معامل الارتباط ومن ثم تحليل البيانات من خلال تطبيقات الإحصاء الوصفي (التكرارات والنسب المئوية) والإحصاء ألاستنتاجي (مربع كاي).
النتائج : أوضحت نتائج الدراسة إن أغلبية الممرضات – القابلات لايقمن بإجراء فحص لطاخة بابانيكولاو لأنفسهن بسبب العديد من المعوقات باتجاه عمل اللطاخة ، حيث وجدت معدلات عالية في معوقات الممرضات- القابلات فيما يتعلق بإجراء اللطاخة لأسباب عديدة منها الشعور بصحة جيدة، لم ينصحني الطبيب بذلك، لا أتألم أو أتضايق، عدم نصيحة الفريق الصحي، عدم تشجيع زوجي،العائلة ، الأصدقاء، لا اعرف العمر المناسب للطاخة بالترتيب بينما وجدت معدلات واطئة في الفئات الأخرى
الاستنتاج : هناك العديد من المعوقات التي تؤثر على عمل لطاخة بابانيكولاو بين الممرضات- القابلات لأسباب عديدة والتي تحتاج إلى معالجة لها والتشجيع لعمل الفحص بقوانين البلد
التوصيات: أوصت الدراسة الحاجة إلى دورات تدريبية متطورة للممرضات- القابلات ومقدمي الرعاية الصحية لإجراء لطاخة بابانيكولاو. وإنشاء برنامج وطني للتوجيه للفحص بصورة أفضل وبخدمات مجانية والتغلب على المعوقات لعمل الفحص بين الممرضات- القابلات.
الكلمات المفتاحية : تقييم، معوقات، الممرضات – القابلات، لطاخة بابانيكولاو

Abstract :
Background: Cervical cancer is one of the leading causes of morbidity and mortality amongst the gynecological cancers worldwide, Cervical cancer is potentially preventable, and effective screening programs can lead to a significant reduction in the morbidity and mortality associated with this cancer.
Objective: The study aimed to assess the barriers concerning uptaking the Pap Smear among nurse-midwives and determine the association between Barriers of uptaking Pap Smear and their demographic, reproductive variables in Baghdad city Hospitals.
Methodology: A descriptive study was carried out from September/ 1/2013 to December /30/ 2013 through a "non-probability" purposive sample of (170) nurse-midwives which was selected from (9) hospitals in Baghdad city. The data were collected by the investigator who interviewed the nurse – midwives and filled out the constructed a questionnaire formats which designed for the purpose of the study and comprised of two main parts: part one including: demographic, reproductive, past gynecology disorder and pap smear test history variables, part two including: Barriers for uptaking pap smear. The validity of the questionnaire was determined through a panel of experts in the specialist fields while the reliability of the questionnaire was determined by calculating the Reliability coefficient. Thereafter, the data were analyzed through the application of descriptive analysis measures (frequencies and percentages) and inferential statistics approach (chi – Square).
Results: The study findings indicated that most of the nurse-midwives had not implemented pap smear test for themselves because there are many of barriers toward doing the test, there were high mean of score of nurse- midwives barriers concerning pap smear for many reason such as feeling healthy, physicians does not request me, don't have discomfort or pain, lack advice from other health providers, lack encouragement from husband ,family, friends, don't know suitable age of pap consequence while low mean score with other items
Conclusion: There are many of barriers that affect for uptaking the pap test among nurse- midwives for many reasons that need to be solving the problem by managed it and encouraging to taking the pap test by polices of our country.

Recommendations: The study recommends that need for advanced training course for nurse – midwives and other health care providers for uptaking pap smear, and initiation national screening program guidelines at best and free service and overcoming barriers to apply the test among nurse- midwives .
Key words: Assessment, barriers, Nurse – Midwives, pap smear.

INTRODUCTION

Cervical cancer is the second most common cancer in women worldwide following breast cancer; in developing countries, however it is the most common cancer among women (1).In many of the developed countries the annual incidence and mortality from this cancer has gone down by 50-70% since the introduction of population based screening (2). The most efficient treatment method in cancer is to catch the disease early and make an early diagnosis. Early diagnosis and treatment is quite important in reducing the mortality of the cervix cancer. Cervix cancer is a cancer type which benefits the best from early diagnosis and while early diagnosis increases the chance of treatment to 100%, it also decreases the deaths related to the cervical cancer by 50%. Pathological changes in the epithelium, which cannot be observed by the naked eye, can be easily diagnosed by the pap smear test (papanicolau smear). Pap smear test, which is used in the early diagnosis of cervix cancer, is a test which is easy to apply, inexpensive, not harmful, highly sensitive and it decreases treatment burden, morbidity and mortality (3).

In developing countries, it is stated that invasive cervical cancer incidences are declining with the routine usage of the pap smear test in the last 50 years. In the US regions with no screening complete life cervix cancer risk is stated as 3.67%, mortality risk as 1.26 % and incidence at 50 years of age as 88 in one hundred thousand. It is estimated that the death risk of woman due to the cervical cancer decreases from 4/1000 to 5/10000 with the help of the yearly-applied pap smear test. According to the WHO, even a scanning which is done in 10 years will decrease the incidence of cervix cancer by 64% (5).

One of the key components of health care services today is the responsibility of self-care; that is, individuals must appreciate the value of their health and take responsibility for it. In addition to having the necessary theoretical knowledge, nurse-midwives must also grasp the importance of their knowledge, and in full possession of this awareness, must first apply constructive behavioral changes to their self-care. It is believed that health care providers who have developed their own self-care responsibility can be sufficiently successful in transferring the importance of this behavior to, or motivating, the public. Further, nurse-midwives can provide a good role model by demonstrating their own exemplary health behavior, thus increasing the efficiency of the services and education they provide Various studies indicate that healthy living behavior of health care providers is mediocre at best, and that providers are far from being excellent role models for a healthy lifestyle (5). Iraq country has a population of many million women who are at risk of developing cervical cancer, there is lack or decrease the screening services coverage that met the need for the test.
The study aimed to assess the barriers concerning uptaking the Pap Smear among nurse-midwives and determine the association between barriers of uptaking pap smear and their demographic, reproductive variables in Baghdad city hospitals.

METHODOLOGY:

A descriptive analytical design was carried out from 1st September 2013 to 30th December 2013, a purposive "non-probability" sample of (170) Nurse- Midwives

which was selected from (9) hospitals in Baghdad city. From Al-Karkh/Health Directorate (4) hospitals including: Al- Kahadymia Teaching Hospital, Al-Yarmok Teaching Hospital ,Al-Karkh Maternity Hospital, Al- Karama teaching Hospital. and from Al-Russafa / Health Directorate (5) hospitals including: Al- Elwia Maternity Teaching Hospital, Fatema Al-Zahra Maternity and Pediatric Hospital, Ibn-Al- Balidy Maternity and Pediatric Hospital, Al-Numan Teaching Hospital and Baghdad Teaching Hospital.

The data were collected by the investigator who interviewed the nurse–midwives and filled out the constructed a questionnaire formats which designed for the purpose of the study and comprised of two main parts: first part including demographic, and reproductive the second part including barriers for did not apply pap smear among study sample which consist of (15) items related to barriers. The validity of the questionnaire was determined through (14) a panel of experts in the specialist fields while; the reliability of the questionnaire was determined by calculating the reliability coefficient. the researcher used appropriate statistical approach through the application of descriptive analysis measures (frequencies and percentages) and inferential statistics approach (chi–Square, mean of score) the data were analyzed through the use of Statistical Package of Social Science (SPSS) version 16.0.

RESULTS:

Table (1) Distribution of Nurse- Midwives concerning their demographic variables

variables	(N= 170)	%
Age / years		
20-29	29	17.1
30-39	47	27.6
40-49	70	41.2
50-59	16	9.4
60+	8	4.7
Marital status		
Married	132	77. 7
Widow	13	7.6
Separation	7	4.1
Divorced	18	10.6
Level of Education		
Nursing school	34	20.0
Nursing secondary school graduate	37	21.8
Midwifery secondary school graduate	68	40.0
Higher health Institute (Nursing, Midwifery)	2	1.2
Medical technique institute	19	11.2
College of Nursing	10	5.8

Table 1 demonstrate that highest percentage (41.2 %) of them were in the age of (40 – 49) years, (77.7 %) were married, (40.0%) were Midwifery secondary school graduate.

Table (2) Distribution of Nurse- Midwives concerning their reproductive variables

variables	(N= 170)	%
Number of Gravida		
None	15	8.8
Equal or less than 5 times	108	63.5
Equal or more than 6 times	47	27.7
Number of Para		
None	24	14.1
1 – 5 times	15	8.8
6 – 10 times	21	12.3
Having previous abortion		
Yes	89	52.4
No	81	47.6
Number of abortion		
None	81	47.6
1 - 5 times	86	50.5
6 times and above	3	1.7
Type of abortion		
A- Spontaneous abortion	73	42.9
B- Induced abortion	23	13.5
Using contraceptive methods		
Yes	108	63.5
No	62	36.5
Hormonal contraceptive use		
Yes	33	19.4
No	137	80.6
Non hormonal contraceptive use		
Yes	88	51.8
No	82	48.2

Table 2 demonstrate that highest percentage (63.5 %) of them were five gravida and less times, (14.1 %) were null for pare, (52.4 %) were having previous abortion, (50.5 %) were rang from one to five times of abortion, (42.9 %) of them were spontaneous abortion, (63.5%) were using contraceptive methods, (80.6 %) of them not using hormonal contraceptive methods, and (51.8%) were using non hormonal contraceptive methods.

Table (3) Distribution of Nurse- Midwives according their previous gynecology disorder & Pap Smear procedure.

	variables	(NO = 170)	%
	Previous gynecology disorder & Pap Smear procedure		
	Tubal ligation	4	2.3
	Hysterectomy	3	1.7
	Oophorectomy	3	1.7
	Uterine scopy	6	3.5
	Cervical cryotherapy	36	21.1
	Sexual transmitted disease	29	17.0
	Type of sexual transmitted disease		
	Bacterial vaginosis	7	4.1
	Trichomonas	22	12.9
	Family history of cancer	37	21.7
	Previous screening (pap Smear)		
	yes	32	18.8
	No	138	81.2
	Total	170	100 %

Table 3 shows that (21.1 %) highest percentage of them have previous cervical cryotherapy, (17%) of them complain from sexual transmitted disease, (12.9 %) of them were trichomonas type of STD, (21.7%) of them having family history of cancer and (81.2%) of them haven't previous screening (pap smear).

Table (4) Barriers for uptaking Pap Smear of the study sample

	Items related barriers for uptaking pap smear	Always		Sometimes		Never		MS.
		No.	%	No.	%	No.	%	
1-	Pap test worry me	36	21.1	30	17.6	104	61.1	1.6
2-	Thinking of pap is painful	35	20.5	14	8.2	121	71.1	1.49
3-	Pap is expensive	14	8.2	6	3.5	150	88.2	1.20
4-	Fear of the test results	48	28.2	23	13.5	99	58.2	1.70
5-	Too embarrassing of vaginal examination	53	31.1	21	12.3	96	56.4	1.74
6-	Feeling healthy	103	60.5	17	10.0	50	29.4	**2.31**
7-	Physicians does not request me	96	56.4	11	6.4	63	37.0	**2.19**
8-	Don't have discomfort or pain	102	60.0	16	9.4	52	30.5	**2.29**
9-	lack advice from other health providers	78	45.8	14	8.2	78	45.8	**2.0**
10-	lack encouragement from husband ,family, friends	86	50.5	6	3.5	78	45.8	**2.0**
11-	Don't know where the pap test doing	37	21.7	6	3.5	127	74.7	1.47
12-	Don't have time to do the pap test	44	25.8	12	7.0	114	67.0	1.58
13-	loss of trust because some lab do better	42	24.7	20	11.7	108	63.5	1.61
14-	Don't know suitable age of pap	80	47.0	10	5.8	80	47.0	**2.0**
15-	Don't know the time of pap	73	42.9	11	6.4	86	50.5	1.92

Table 4 Shows that there were high mean of scores of nurse- midwives' barriers concerning pap smear in the items number (6, 7, 8, 9, 10, 14) while low mean of score with other items.

Table (5) Association between Nurse – Midwives barriers for uptaking pap smear and their demographic variables

No.	Items related barriers for doing Pap Smear	Age			Level of education			Marital statues		
		χ^2 =	df	P. value	χ^2 =	df	P. value	χ^2 =	df	P. value
1-	Pap test worry me	3.229	2	0.199 (NS)	0.158	2	0.924 (NS)	5.758	6	0.451 (NS)
2-	Thinking of pap is painful	8.686	2	**0.012 (S)**	3.298	2	0.192 (NS)	4.361	6	0.628 (NS)
3-	Pap is expensive	0.127	2	0.938 (NS)	4.289	2	0.117 (NS)	8.676	6	0.193 (NS)
4-	Fear of the test results	5.518	2	0.063 (NS)	3.626	2	0.163 (NS)	7.010	6	0.320 (NS)
5-	Too embarrassing of vaginal examination	9.506	2	**0.009 (S)**	3.705	2	0.157 (NS)	2.920	6	0.819 (NS)
6-	Feeling healthy	2.994	2	0.224 (NS)	6.934	2	**0.031 (S)**	16.974	6	**0.009 (S)**
7-	Physicians does not request me	3.753	2	0.153 (NS)	1.418	2	0.492 (NS)	7.605	6	0.269 (NS)
8-	Don't have discomfort or pain	3.430	2	0.180 (NS)	1.176	2	0.555 (NS)	8.752	6	0.188 (NS)
9-	lack advice from other providers	1.902	2	0.386 (NS)	1.136	2	0.567 (NS)	4.881	6	0.559 (NS)
10-	lack encouragement from husband ,family, friends	1.939	2	0.379 (NS)	1.054	2	0.590 (NS)	5.806	6	0.445 (NS)
11-	Don't know where the pap test doing	7.977	2	**0.019 (S)**	1.448	2	0.485 (NS)	3.775	6	0.707 (NS)
12-	Don't have time to do the pap test	1.973	2	0.373 (NS)	2.563	2	0.278 (NS)	3.178	6	0.786 (NS)
13-	loss of trust because some lab do better	4.189	2	0.123 (NS)	4.636	2	0.098 (NS)	8.465	6	0.206 (NS)
14-	Don't know suitable age of pap	6.444	2	**0.040 (S)**	3.418	2	0.181 (NS)	7.615	6	0.268 (NS)
15-	Don't know the time of pap	9.342	2	**0.009 (S)**	3.562	2	0.168 (NS)	7.387	6	0.287 (NS)

Table 5 shows that there were a statistical significant association between age and Nurse- Midwives barriers in items number (2, 5, 11, 14, 15) and there were a statistical significant association between with level of education, marital statues only in item number (6) while there were no significant association with other items.

Table (6) Association between Nurse – Midwives barriers for uptaking pap smear and their reproductive, previous gynecology disorder variables

No.	Items related barriers for doing Pap Smear	No. Gravida			Use contraceptive methods			Having previous abortion		
		χ^2 =	df	P. value	χ^2 =	df	P. value	χ^2 =	df	P. value
1-	Pap test worry me	3.041	4	0.551 (NS)	1.154	2	0.562 (NS)	4.994	2	0.082 (NS)
2-	Thinking of pap is painful	3.457	4	0.484 (NS)	0.658	2	0.720 (NS)	6.740	2	**0.034 (S)**
3-	Pap is expensive	2.576	4	0.631 (NS)	0.492	2	0.782 (NS)	3.250	2	0.197 (NS)
4-	Fear of the test results	2.305	4	0.680 (NS)	3.554	2	0.169 (NS)	4.680	2	0.096 (NS)
5-	Too embarrassing of vaginal examination	3.224	4	0.521 (NS)	1.568	2	0.456 (NS)	3.659	2	0.161 (NS)
6-	Feeling healthy	4.842	4	0.304 (NS)	0.424	2	0.809 (NS)	15.211	2	**0.000 (HS)**
7-	Physicians does not request me	5.799	4	0.215 (NS)	0.000	2	1.000 (NS)	13.346	2	**0.001 (S)**
8-	Don't have discomfort or pain	5.772	4	0.217 (NS)	0.5556	2	0.757 (NS)	10.616	2	**0.005 (S)**
9-	lack advice from other providers	7.488	4	0.112 (NS)	6.450	2	**0.040 (S)**	10.313	2	**0.006 (S)**
10-	lack encouragement from husband ,family, friends	5.261	4	0.262 (NS)	0.057	2	0.972 (NS)	8.181	2	**0.017 (S)**
11-	Don't know where the pap test doing	3.047	4	0.550 (NS)	0.563	2	0.755 (NS)	4.097	2	0.129 (NS)
12-	Don't have time to do the pap test	3.715	4	0.446 (NS)	8.693	2	**0.013 (S)**	2.773	2	0.250 (NS)
13-	loss of trust because some lab do better	4.235	4	0.375 (NS)	1.835	2	0.399 (NS)	2.301	2	0.317 (NS)
14-	Don't know suitable age of pap	3.245	4	0.518 (NS)	0.165	2	0.921 (NS)	11.699	2	**0.003 (S)**
15-	Don't know the time of pap	3.209	4	0.523 (NS)	2.231	2	0.328 (NS)	9.515	2	**0.009 (S)**

Table 6 shows that there were a statistical significant association between use contraceptive methods variable and barriers in items and there were a statistical significant association between having previous abortion variable and barriers in items (2, 6, 7, 8, 9, 10, 14, 15) while there were no statistical significant association with number of gravida variable and other items.

Table (7) Association between Nurse – Midwives Barriers for up taking pap smear and their previous genecology disorder , up taking Pap Smear

No.	Items related barriers for doing Pap Smear	Sexual transmitted disease			Family history of cancer			Previous pap smear		
		χ^2 =	df	P. value	χ^2 =	df	P. value	χ^2 =	df	P. value
1-	Pap test worry me	0.534	2	0.766 (NS)	0.071	2	0.965 (NS)	25.017	2	**0.000 (HS)**
2-	Thinking of pap is painful	0.560	2	0.756 (NS)	1.244	2	0.537 (NS)	15.964	2	**0.000 (HS)**
3-	Pap is expensive	0.206	2	0.902 (NS)	0.097	2	0.952 (NS)	5.256	2	**0.072 (NS)**
4-	Fear of the test results	1.681	2	0.432 (NS)	2.888	2	0.236 (NS)	28.271	2	**0.000 (HS)**
5-	Too embarrassing of vaginal examination	0.247	2	0.884 (NS)	0.198	2	0.906 (NS)	30.386	2	**0.000 (HS)**
6-	Feeling healthy	3.014	2	0.222 (NS)	2.034	2	0.362 (NS)	94.609	2	**0.000 (HS)**
7-	Physicians does not request me	0.680	2	0.712 (NS)	0.627	2	0.731 (NS)	66.952	2	**0.000 (HS)**
8-	Don't have discomfort or pain	0.851	2	0.653 (NS)	1.489	2	0.475 (NS)	0.419	2	0.811 (NS)
9-	lack advice from other providers	3.960	2	0.138 (NS)	1.356	2	0.508 (NS)	46.496	2	**0.000 (HS)**
10-	lackencouragement from husband ,family, friends	0.490	2	0.783 (NS)	1.494	2	0.474 (NS)	46.496	2	**0.000 (HS)**
11-	Don't know where the pap test doing	1.776	2	0.411 (NS)	1.018	2	0.601 (NS)	13.347	2	**0.001 (S)**
12-	Don't have time to do the pap test	10.748	2	**0.005 (S)**	4.124	2	0.127 (NS)	19.364	2	**0.000 (HS)**
13-	loss of trust because some lab do better	1.393	2	0.498 (NS)	2.080	2	0.353 (NS)	22.630	2	**0.000 (HS)**
14-	Don't know suitable age of pap	4.350	2	0.114 (NS)	1.451	2	0.84 (NS)	44.348	2	**0.000 (HS)**
15-	Don't know the time of pap	3.710	2	0.156 (NS)	0.259	2	0.879 (NS)	38.504	2	**0.000 (HS)**

Table 7 shows that there were a statistical significant association between sexual transmitted disease variable and barriers only in item number (12) and there were a statistical significant association between previous pap smear variable and number (1, 2, 4, 5, 6, 7, 9, 10, 11, 12, 13, 14, 15) while there were no statistical significant association with family history of cancer variable and other items.

DISCUSSION:

Understanding and identifying barriers can be used enhance participation rates in prevention programmes even when offered free of charge, Individuals may reconsider attending cervical screening if barriers are identified and subsequently hurdled (7)

The results in Table (3) was disagreement with previous study which concluded that (50.4%)of nurse did not have pap smear. These in turn suggests that the nurse-midwives are not fulfilling their responsibility for their own health, lack full awareness, and cannot act as good role models for the society. Further, it can be added that health care staff that have not developed self-care responsibility will fail to grasp the importance of the problem and will fail in appropriately motivating the community(7)

There were high mean of score of nurse- midwives barriers concerning pap smear in items : feeling healthy, physicians does not request me, don't have discomfort or pain, lack advice from other health providers, lack encouragement from husband, family, friends, don't know suitable age of pap while low mean of score with other items show in table number (4). present study agreement with the study was done by (Savas et al., 2011) reveals that reasons of nurse-midwives stated for not having pap smear test revealed that the vast majority did not feel a need for pap smear test because they had no complaints/ problems that indicated a need for the test (8). that mean they feeling healthy that is a wrong point of thinking of nurse- midwives about the pap test and affect of advancing and encouraging the women for doing the pap test in the community. Present study results similar to study (Al- Naggar, 2012) reveals that there were encouragement from the husband/family/friends was one of the barriers to do pap smear test (9). another study was done by (Thippeveeranna et al., 2013) stated that only (11.6%) of the nurse have ever done a pap smear (10). The most common reasons for avoiding a pap smear test, physician does not request (29.9%) , lack of counseling from health care provider (42.8%). likewise (Lee et al., 2007) emphasize the age as a requirement is a variable that has confused participant (11). they do not understand what the age for uptaking pap test, and therefore, it has been transformed into a barrier to the screening. The finding of the study demonstrated that there were a statistical significant association between age and nurse- midwives barriers in items such as thinking of pap is painful, too embarrassing of vaginal examination, don't know where the pap test doing, don't know suitable age of pap, don't know the time of pap consequence, and there were a statistical significant association between level of education**,** marital statues and nurse- midwives barriers only in item feeling healthy , while there were no statistical significant association with other items show in table (5). Regarding the age this is agreement with study Awodele., et al., 2011 reveals there were a significant associations ($p \leq 0.05$) between age of nurses, marital status, and uptake of cervical cancer screening. The same results with another study demonstrated that the differential between the ages of the nurse-midwives and their status of having PST done was found statistically significant ($p<0.005$) (12). Regarding level of education**,** in another study conducted in Turkey determined that the level of education increased the rate of women having pap test (13). Regarding marital status (Al- Naggar, 2012) study concluded that marital status has significantly influenced the practice of pap test among the study participants (10). A possible explanation may be due to pap smear is considered a routine procedure during antenatal care and part of family planning. Another possible explanation is that married women may be more likely to visit a doctor for reproductive health care.

Similar findings were reported by Norwegian female physicians, there was a significant correlation of Pap smear screening and married women (14). There were a statistical significant association between use contraceptive methods variable and barriers in items :lack advice from other providers, don't have time to do the pap test, and there were a statistical significant association between having previous abortion variable and barriers in items: thinking of pap is painful, feeling healthy, physicians does not request me, don't have discomfort or pain, lack advice from other providers, lack encouragement from husband, family, friends, don't know suitable age of pap, don't know the time of pap consequence, while there were no statistical significant association with number gravida variable and other items show in table (6). Regarding number of gravida**,** present study contrast with (Savas et al., 2011) study also found a meaningfully higher incidence of PST among nurse-midwives with a greater number of pregnancies in their history (8). Regarding using contraceptive methods (Aziz et al.,2013) reveals that women currently using contraception are less likely to have had a pap smear compared to those who were not currently using contraceptive methods (15).

Regarding previous abortion (Savas et al., 2011) stated that nurse-midwives PST status by total number of abortions/miscarriages was distributed as (71.2%) of those who have had (1-2) abortions/ miscarriages, (60%) of those who have had (3-4) and (45.9%) of those who have had none. For all these conditions, the differentials between the groups were statistically significant ($p<0.05$) (8).

There were a statistical significant association between sexual transmitted disease variable and barriers only in item don't have time to do the pap test, and there were a statistical significant association between previous pap smear variable and barriers in items: pap test worry me, thinking of pap is painful, fear of the test results, too embarrassing of vaginal examination, feeling healthy, physicians does not request me, lack advice from other providers, lack encouragement from husband ,family, friends, don't know where the pap test doing, don't have time to do the pap test, loss of trust because some lab do better, don't know suitable age of pap, don't know the time of pap while there were no statistical significant association with family history of cancer variable and other items show in table number (7).

Regarding Sexual transmitted disease**,** similarly, in the study conducted by (Hoai et al., 2007) determined a significant relationship between Vietnamese women having a sexually transmitted disease ($p < 0.001$) and having pap testing (16).

Regarding family history of cancer, present study disagreement with (Uysal et al., 2009) emphasize that (85.7 %) of the women who had a personal or family history of cancer and there was a statistically significant relationship between having received a pap smear test and having a history of cancer in the family ($p<0.01$) (17).

Regarding previous pap smear (Beydag, 2011) concluded that from (96) midwives and nurses almost half of them do not have a pap smear test, these rates are considerably higher than those found in our study (5). Similarly in the study made by (Gulen,2004; Güngör et al., 2001) reveals the pap smear test ratios of nurses, midwives and female health care technicians working a state hospital were found to be quite low (18,19). Seeing the test as unnecessary is the primary reason why women choose not to have a pap smear test. This is a unaccepted fact that midwives and nurses working in the woman labor clinics of hospital do not see this test as a necessity.

CONCLUSION :

There were many of barriers that affecting of uptaking the pap smear among nurse- midwives mainly in items : feeling healthy, physicians does not request me, don't have discomfort or pain, lack advice from other health providers, lack encouragement from husband ,family, friends, don't know suitable age of pap.

RECOMMENDATION :

1. Raising awareness of nurse- midwives regarding pap smear and overcoming the barriers to having the test.
2. Initiation and screening pap smear for all health team including nurse-midwives.

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